



STATE OF HAWAII DEPARTMENT OF HEALTH – CLEAN AIR BRANCH  
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## SLEIS ELECTRONIC REPORTING REGISTRATION FORM

Facility ID: \_\_\_\_\_  
Facility Permit #(s): \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Facility Location: \_\_\_\_\_

### Method of SLEIS Report Submittal

Preferred method of submittal:

Direct Data Entry from Website ☐

Data File Import from Website ☐

### SLEIS Facility User

Facility user roles of the State and Local Emissions Inventory System (SLEIS) include Viewer, Editor, Administrator, and Submitter. A single SLEIS facility user can be associated with more than one facility. A single facility can have more than one SLEIS Viewer, Editor, Administrator, or Submitter. A person can also have multiple roles at a facility for the SLEIS website application. Facility user roles are described below.

**Viewer:** Can view the contents of an emissions inventory report, but cannot make any data modifications.

**Editor:** Can view and start/modify the contents of an emissions inventory report (i.e., can modify facility inventory and emissions data).

**Administrator:** Can remove facility users (does not delete the account, just removes association with the facility) and change a user's role who is assigned to the same facility as a user with the Administrator role. While an Administrator can assign someone as a Submitter, the facility user with the Submitter role cannot submit the report unless the Department of Health-Clean Air Branch (DOH-CAB) has received an electronic subscriber agreement form for that user.

**Submitter:** Is a Responsible Official, as defined in Hawaii Administrative Rules (HAR) §11-60.1-1, who can submit emission inventory reports electronically to DOH-CAB using the SLEIS website.

Facility User Name:

Title:

Street 1:

Street 2:

City, State, and Zip Code

Telephone (Area Code + Number):

E-Mail:

- Roles Requested:
1.

☐ Viewer or ☐ Editor (Choose One)
2.

☐ Administrator
3.

☐ Submitter (Responsible Official)<sup>1</sup>

Facility User Name:

Title:

Street 1

Street 2

City, State and Zip Code

Telephone (Area Code + Number):

E-Mail:

- Roles Requested:
1.

☐ Viewer or ☐ Editor (Choose One)
2.

☐ Administrator
3.

☐ Submitter (Responsible Official)<sup>1</sup>

Facility User Name:

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- Roles Requested:
1.

☐ Viewer or ☐ Editor (Choose One)
2.

☐ Administrator
3.

☐ Submitter (Responsible Official)<sup>1</sup>

<sup>1</sup> A separate Electronic Reporting Signatory Application is required for each submitter (responsible official)

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1. ☐ Viewer or ☐ Editor (Choose One)

## 2. ☐ Administrator

**3. ☐ Submitter (Responsible Official)<sup>1</sup>**

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1. ☐ Viewer or ☐ Editor (Choose One)

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1. ☐ Viewer or ☐ Editor (choose one)

**3. ☐ Submitter (Responsible Official)<sup>1</sup>**

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1. ☐ Viewer or ☐ Editor (Choose One)

**3. ☐ Submitter (Responsible Official)<sup>1</sup>**

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Please sign the certification statement below and mail this **SLEIS ELECTRONIC REPORTING REGISTRATION FORM** to the address listed at the top of this form.

**RESPONSIBLE OFFICIAL**

(as defined in HAR §11-60.1-1)

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (MI): \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ EXT:\_\_\_\_\_

**Certification by Responsible Official**

(pursuant to HAR §11-60.1-4)

I certify that I have knowledge of the facts herein set forth, that the same are true, accurate, and complete to the best of my knowledge and belief, and that all information not identified by me as confidential in nature shall be treated by the DOH-CAB as public record.

NAME (Print/Type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup> A separate Electronic Reporting Signatory Application is required for each submitter (responsible official)